

**UTILITY PATENT APPLICATION,
TRANSMITTAL UNDER 37 CFR 1.53(b)**

ATTORNEY DOCKET 87443RLO
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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

16805 U.S. PTO



021704

**ANTHRACENE DERIVATIVE HOST HAVING
RANGES OF DOPANTS**

First Named Inventor (or Application Identifier):

Michele L. Ricks, et al

Express Mail Label No.

EV293532185US

Date: 2-17-04

22387 U.S. PTO
10/780436



021704

Enclosed are:

1. ☒ Specification
2. ☐ 2 Sheets of drawings
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
6. ☒ Assignment of the invention to Eastman Kodak Company
7. ☐ Certified copy of a priority
8. ☐ Associate Power of Attorney

☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: .
12. ☒ Please address all written communications to Pamela R. Crocker, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	35 - 20 =	15	x 18 =	\$ 270
INDEPENDENT CLAIMS	3 - 3 =	0	x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 1040

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 1040**

A duplicate copy of this sheet is enclosed

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

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